SSDC Corp 28125 Cabot Drive Suite 201 Novi, MI 48377

Deliver Invoices To:

GM Fin Shared Services Acquisition Business Process

c/o Olympic Receipting

PO Box 63490

Phoenix, AZ 95082-3490

Invoice Approver:

Joan Ebner

Mail Code: 482-C10-092

Purchase Order No:

GMR71991

Invoice No:

285443

Invoice Date:

Duns No:

1/30/2009 05-290-8241

Olimpic	Purchase				Unit of			
Seq. No.	Order#	Olimpic Item ID No.	Description of Item	Charge Period	Measure	Quantity Uni	t Cost	Total
00001	GMR71991	MEDICARE 1&2	Medicare Enroll ID, Beneficiary Svc & MSP (Yr 1&2)		Мо	0.00 \$	68,666.67 \$	-
00002	GMR71991	MEDICARE 3	Medicare Enroll ID, Beneficiary Svc & MSP (Yr 3)	1/1/2009 1/31/2009	Mo	1.00 \$	61,250.00 \$	-
00003	GMR71991	RECOVERY 20%	Overpayment Recovery Services at 20% - First \$5M Recoverd		Each	531.86	1 \$	531.86
00004	GMR71991	RECOVERY 15%	Overpayment Recovery Services at 15% - For next \$5M Recovered		Each	0.00	1 \$	-
00005	GMR71991	RECOVERY 13%	Overpayment Recovery Services at 13% - Over \$10M Recovered		Each	0.00	1 \$	-
00006	GMR71991	RECOVERY 10%	Overpayment Recovery Services at 10% - Monies identified by SSDC & I	Recovered by Carriers	Each	0.00	1 \$	-
00007	GMR71991	ADVOCACY APPLI	Advocacy Application - Max \$1,750	-	Each	0.00	\$1,750 \$	-
80000	GMR71991	ADVOCACY HEAR	Advocacy Hearing - Max \$3,500		Each	0.00	\$3,500 \$	=
00009	GMR71991	SURVEY MGT	Survey Management		Each	0.00	\$400 \$	-
00010	GMR71991	ENTITLEMENT AD	Medicare Entitlement Advocacy		Each	0.00	\$500 \$	-

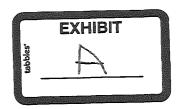
Total Amount Due: \$ 531.86

Remit Payment To:

SSDC Corp

PO Box 26921

New York, NY 10087-6921



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SSDC Corp 28125 Cabot Drive Suite 201 Novi, MI 48377

Deliver Invoices To:

GM Fin Shared Services Acquisition Business Process

c/o Olympic Receipting

PO Box 63490

Phoenix, AZ 95082-3490

Invoice Approver:

Joan Ebner

Mail Code: 482-C10-092

Purchase Order No:

GMR71991

Invoice No:

286326

Invoice Date:

3/31/2009

Duns No:

05-290-8241

Olimpic	Purchase			Unit of			
Seq. No.	Order #	Olimpic Item ID No.	Description of Item Charge Period	Measure	Quantity Un	it Cost	Total
00001	GMR71991	MEDICARE 1&2	Medicare Enroll ID, Beneficiary Svc & MSP (Yr 1&2)	Mo	0.00 \$	68,666.67 \$	•
00002	GMR71991	MEDICARE 3	Medicare Enroll ID, Beneficiary Svc & MSP (Yr 3)	Мо	0.00 \$	61,250.00 \$	-
00003	GMR71991	RECOVERY 20%	Overpayment Recovery Services at 20% - First \$5M Recoverd	Each	1,295.00	1 \$	1,295.00
00004	GMR71991	RECOVERY 15%	Overpayment Recovery Services at 15% - For next \$5M Recovered	Each	0.00	1 \$	-
00005	GMR71991	RECOVERY 13%	Overpayment Recovery Services at 13% - Over \$10M Recovered	Each	0.00	1 \$	-
00006	GMR71991	RECOVERY 10%	Overpayment Recovery Services at 10% - Monies identified by SSDC & Recovered by Carrier	s Each	967.00	1 \$	967.00
00007	GMR71991	ADVOCACY APPLI	Advocacy Application - Max \$1,750	Each	0.00	\$1,750 \$	-
80000	GMR71991	ADVOCACY HEAR	Advocacy Hearing - Max \$3,500	Each	0.00	\$3,500 \$	-
00009	GMR71991	SURVEY MGT	Survey Management	Each	0.00	\$400 \$	-
00010	GMR71991	ENTITLEMENT AD	Medicare Entitlement Advocacy	Each	0.00	\$500 \$	-

Total Amount Due: \$ 2,262.00

Remit Payment To:

SSDC Corp

PO Box 26921

New York, NY 10087-6921

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SSDC Corp 28125 Cabot Drive Suite 201 Novi, MI 48377

Deliver Invoices To:

GM Fin Shared Services Acquisition Business Process

c/o Olympic Receipting

PO Box 63490

Phoenix, AZ 95082-3490

Invoice Approver:

Lynn Ward

Mail Code: 482-C10-092

Purchase Order No:

No: GMR89710

Invoice No: Invoice Date: 287182 & 287184

5/29/2009

Duns No:

05-290-8241

Olimpic	Purchase				Unit of		
Seq. No.	Order #	Olimpic Item ID No.	Description of Item	Charge Period	Measure	Quantity Unit Cost	Total
00012	GMR89710	1419-00A3	Medicare Enroll ID, Beneficiary Svc & MSP (Yr 3)	5/1/2009 5/31/2009	Mo	1.00 \$ 43,420.00 \$	43,420.00

Total Amount Due:

\$ 43,420.00

Remit Payment To:

SSDC Corp PO Box 26921

New York, NY 10087-6921